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Bib Data Sheet

CONFIRMATION NO. 7859

|   |   |                                |   |  |
|---|---|--------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>09/887,827  | <b>FILING DATE</b><br>06/22/2001<br><b>RULE</b>   | <b>CLASS</b><br>438            | <b>GROUP ART UNIT</b><br>2812   | <b>ATTORNEY DOCKET NO.</b><br>Abys 52-14-6-6 |
| <b>APPLICANTS</b><br>Joseph A. Abys, Warren, NJ;<br>Chonglun Fan, Bridgewater, NJ;<br>Chen Xu, New Providence, NJ;<br>Yun Zhang, Warren, NJ;  |   |                                |   |  |
| <b>** CONTINUING DATA *****</b><br><br><b>** FOREIGN APPLICATIONS *****</b>   |   |                                |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 08/13/2001</b>  |   |                                |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |   | <b>STATE OR COUNTRY</b><br>NJ  | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br>10                    |
| Examiner's Signature <i>[Signature]</i> Initials <i>mc</i>  |   | <b>INDEPENDENT CLAIMS</b><br>2 |   |  |
| <b>ADDRESS</b><br>Glen E. Books, Esq.<br>Lowenstein Sandler<br>65 Livingston Avenue<br>Roseland, NJ 07068   |   |                                |   |  |
| <b>TITLE</b><br>Metal article coated with tin or tin alloy under tensile stress to inhibit whisker growth   |   |                                |   |  |
| <b>FILING FEE RECEIVED</b><br>840   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |